PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

0004,0001-000

CLAIMS AS FILED - PART I								SMALLE	NTITY		07:15:	
<u> </u>		 	(Column 1)		(Column 2)			SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			28					RATE	FEE	٦.	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR		
TO	OTAL CHARGE	ABLE CLAIMS	28 minus 20=		·8			X\$ 9=		OR	X\$18=	144
INI	DEPENDENT C	CLAIMS	9 minus 3 =		·6			X43=		1	X86=	
М	JLTIPLE DEPE	NDENT CLAIM F	RESENT					740-	 	OR	A00=.	516
* 11	the difference	S 18 3.	J3 J	4 25	27	column 2		+145=		OR	+290=	
•		•	less than zero, enter "0" in column 2				TOTAL	<u> </u>	OR	TOTAL	1430	
		(Column 1)	MENDED - PART II (Column 2) (Column 3)				SMALL	ENTITY	OR	OTHER THAN OR SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total	*	Minus	PAID F	UH	=		X\$ 9=	FEE	OR	X\$18=	FEE
	Independent	*	Minus	***		=	ŀ	X43=			X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							7,402		OR	7002	
							L	+145=		OR	+290=	
								TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)						
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	Γ	X\$ 9=		OR	X\$18=	**************************************
	Independent	*	Minus	***		= .	上	X43=	,	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						上		\dashv			
								+145=		OR	+290=	ingel.
			• •			TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE			
- 1		(Column 1) CLAIMS		(Column	n·2)	(Column 3)	٠	•	• •			
MEN		REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA			ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	trick .		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=		X43=		<u> </u>	X86=	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							7.40=	I°	OR	⊼60 =	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
11	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									DR AC	TOTAL DIT. FEE	
Ť	he "Highest Numb	per Previously Paid	For (Total or I	orace is it independent	ess,than) is the h	3, enter "3." lighest number (. —	priate box i			